

BUILDING PERMIT

Edgefield County, South Carolina

Tax Map No. _____

Septic Tank Permit No. _____

NAME OF OWNER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

NAME OF CONTRACTOR: _____

CONTRACTOR ADDRESS: _____

SUBDIVISION: _____

BLOCK NO: _____

TYPE IMPROVEMENT:

- ☐ New Structure
☐ Addition
☐ Dwelling

- ☐ Multi-Family
☐ Commercial
☐ Single Family
☐ Other

TO BE USED AS: _____

CONTRACTORS:

ELECTRICAL _____

MECHANICAL _____

PLUMBING _____

DIRECTIONS: _____

TOTAL SQUARE FEET: _____

VALUATION: \$ _____

CENTRAL A/R CAPACITY: _____ Tons

TYPE OF HEATING SYSTEM: _____

Tel. No. _____

Zip Code _____

Zip Code _____

S.C. License No. _____

Tel. No. _____

PHASE: _____

LOT NO: _____

PRINCIPLE TYPE OF CONSTRUCTION:

- ☐ Brick Veneer
☐ Wood Frame
☐ Other: _____

OWNER DOING OWN WORK:

- ☐ Owner is doing his own work. If a contractor is involved he must have a license.

ACCESS ROAD

Road No. _____

☐ Public☐ Private☐ Easement

Issue Date _____

Permit No. _____

Permit Expires _____

Permit Fee \$ _____

CERTIFICATE OF OCCUPANCY _____

FIRE DISTRICT _____

**2000
INTERNATIONAL
BUILDING CODES**

Number of Stories _____

Number of Rooms _____

Number of Bedrooms _____

Number of Bathrooms _____

Number of Water Closets _____

Number of Bath Tubs _____

Number of Bath Sinks _____

Number of Showers _____

Number of Smoke Alarms _____

Number of Fireplaces - Conventional _____

- Pre-fab _____

Height of Crawl Space _____

INSULATION

- Ceiling: _____

- Walls: _____

- Floor: _____

MIN. R - 30

MIN. R - 13

MIN. R - 19

Number of Foundation Vents
(per code) _____

Property Owner or Agent _____

Date _____

Building Official _____

Date _____

White-Office Yellow-Office Pink-Tax-Assessor Gold-Customer

Inspections	Date	Time	By	Comments
Foundation / Fig.				
Foundation / Wall				
Roughing-In				
Electrical				
Plumbing				
Mechanical				
Final				
C.O. #				